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Mail Stop Appeal Brief - Patent Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Customer Number 24024

Jane L. Norris

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In re Application of:	)
Randolph Howes	) Group Art Unit: 1616
Application No.: 10/050,121	) Examiner: Frank I. Choi
Filed: January 18, 2002	) Attorney Docket No.: 29794/04001
For: Compositions, Methods, Apparatuses and	<b>'</b>
Systems for Singlet Oxygen Delivery	)

Mail Stop Appeal Brief - Patents
Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

# APPEAL BRIEF UNDER 37 C.F.R. § 1.192

Further to the Notice of Appeal filed February 21, 2005, this Appeal Brief is responsive to the non-final Office Action mailed December 30, 2004.

## I. Real Party In Interest

The inventor, Randolph M. Howes, is the real party in interest.

### II. Related Appeals and Interferences

To the knowledge of Appellant or his representative, there are no other appeals or interferences that will directly affect, be directly affected by, or have a bearing on the Board's

05/11/2005 (Edecision in this appeal. Machanic

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Lee Purpose

Date April 28, 2005

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL  FOR TY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (S) 240.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 0.3-0172  Deposit Account Deposit Account Number 0.3-0172  Deposit	Under the Panerum	rk Reduction Angot		s are required to n	esnona to a collacti				M OMB oor	total number	
FEE TRANSMITTAL For FY 2005 Filing Date   January 18, 2002 First Named Inventor   Randolph M. Howes   Examiner Name   Frank I. Chol   Art Unit   1616 Attorney Docket No.   29794/04001  METHOD OF PAYMENT (check all that apply)  Check   Credit Card   Money Order   None   Other (please identify): Deposit Account Oeposh Account Number   03-0172   Deposit Account Name: Calfee Halter & Griswold   For the above-identified deposed account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except fee fee   Charge fee(s) indicated below, except fee fee   Charge fee(s) indicated below,	FEE TRANSMITTAL			Complete if Known							
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METHOD OF PAYMENT (check all that apply)    Check				Art Unit		1616					
Check	TOTAL AMOUNT OF PAYMENT (\$) 240.00				Attorney Dock	et No.	29794/04	001			
Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Califee Halter & Griswold  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below. except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below.  Charge fee(s) indicated below except for the filling fee  Charge fee(s) indicated below except for the filling fee  Charge fee(s) indicated below.  Extra Claims  Fee (s)  Fee Paid (s)	METHOD OF PAYMENT (check all that apply)										
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WARNING: Information on this form may become public. Credit card information about not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (3) Fee (3) Fee (3) Fee (3) Fee (3) Fee (4) Fee (4) Fee (5) Fee (5) Fee (5) Fee (6) Fee											
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).    Total Sheets	HP = highest numb	x HP =	laims paid for, if	greater than 3	<del></del>						
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	-		carre pare res, a	<b>3</b>							
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4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: Supplemental Information Disclosure Statement, Petition for Extension of Time  SUBMITTED BY  Recistration No. 15 June 16 June 17 June	<u>Total Sheet</u>				ch additional 50	or fractio	n thereof	<u>Fee (\$)</u>	Fee	Paid (\$)	
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Signature (Attomey/Agent) 42,920 Interpriority (614) 621-7754	Signature	Seem	Luxus	120	Registration No	42,920		Telephone (	514) 621.	7754	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 mirrures to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Attorney/Agent)

Name (Print/Type) Sean C. Myers-Payne

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